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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

None. AR 4/19/06

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

None. AR 4/19/06

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 04/29/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY IN	SHEETS DRAWING 3	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>Amradh Kama AR</i>	Initials <i>AR</i>		

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## TITLE

Sleeve and method for use with modular orthopaedic implants

FILING FEE  RECEIVED 856	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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